

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF  
UNITED STATES OF AMERICA

COURT CASE NUMBER  
98-CV-1750(HL)

DEFENDANT  
EDDA OJIO-SOTO

TYPE OF PROCESS  
ORDER TO SHOW CAUSE

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

EDDA OJIO-SOTO

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

CALLE 9 A-J-13, URB. SANTA TERESITA, PONCE, PUERTO RICO 00931

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

H.S. GARCIA  
United States Attorney  
350 Chardon Street, Suite 1201  
San Juan, Puerto Rico 00918 FLU/VD  
Attn: Rebecca Vargas-Vera, AUSA (787)766-5656

Number of process to be  
served with this Form 285 1

Number of parties to be  
served in this case 1

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

PLEASE SERVE ORDER TO SHOW CAUSE PERSONALLY TO MRS. EDDA OJIO-SOTO  
Employer's Address: Dpto de Familia, Reparto Industrial Sabaneta, Ponce, PR (787)848-4520

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

787-766-5656

DATE

5.27.04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process  
1

District of  
Origin  
No. 69

District to  
Serve  
No. 69

Signature of Authorized USMS Deputy or Clerk

R/S.

Date

6-3-04

I hereby certify and return that ☒ have personally served, ☒ have legal evidence of service, have executed as shown in "Remarks", the process describe on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete and different than shown above)

Date

6-17-04

Time

9:57

☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

W. Colon

Service Fee

180.00

Total Mileage Charges  
(including endeavors)

52.50

Forwarding Fee

4.65

Total Charges

237.15

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00